

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

APR 1 1935

1. PLACE OF DEATH

County

Registration District No. **1003**

Township

Primary Registration District No.

City St. Louis (No. 3424 - Halliday Ave)

File No.

14260

Registered No. **3063**

St. Ward)

2. FULL NAME

(a) Residence, No. 3424 - Halliday Ave 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma J. Hamm6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28-18707. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 10 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 16 yrs9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Draftsman10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....
179 PAE12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Charles Hamm14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Emma J. Hamm (ADDRESS) 3424 Halliday Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE April 3 3519. UNDERTAKER Wacker-Pelderle (ADDRESS) 2331 Broadway20. FILED R - 3 1935 19 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 193522. I HEREBY CERTIFY, That I attended deceased from April - 11 - 1934, to April - 1 - 1935I last saw him alive on April - 1 - 1935 Death is saidto have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Miliary Tuberculosis Date of onset 4-11-34Other contributory causes of importance: 32

Name of operation Date of

What test confirmed diagnosis? Positive sputum Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury,, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. R. Kaendonck, M. D.(Address) 4390 N. Pine

